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FACSIMILE COVER SHEET

Date:
May 09, 2005

Client & Matter Number:
15270J-004751US

No. Pages (including this one):
3

To:
**Nadine Clark
USPTO**

At Fax Number:
703-308-5083

Confirmation Phone Number:
703-308-9250x144

From: Aubrett E. Baker

(3764)

Message:

Serial No.: 09/724,940
Filing Date: November 28, 2000

Dear Nadine,

Per your request, enclosed is the Issue Fee Transmittal as filed on November 12, 2004. If you have any questions, please do not hesitate to contact me.

Regards,

Aubrett Baker

Assistant to Romy Celli

Original Will:	BE SENT BY MAIL	BE SENT BY FEDEX/OVERNIGHT COURIER	BE SENT BY MESSENGER	X	NOT BE SENT
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PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Rosemarie L. Celli (Depositor's name)
Rosemarie L. Celli (Signature)
November 12, 2004 (Date)

APPLICATION NO.	BILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/724.940	11/28/2000	Dale B. Schenk	15270J-004751US	9389

TITLE OF INVENTION: ACTIVE IMMUNIZATION FOR TREATMENT OF ALZHEIMERS DISEASE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$0	\$1370	01/04/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
NICHOLS, CHRISTOPHER J	1647	424-141100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Townsend and Townsend
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2 _____

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Neuralab Limited

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bermuda

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 20 1430 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Rosemarie L. Celli

Date

November 12, 2004

Typed or printed name

Rosemarie L. Celli

Registration No.

42,397

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